



Los Angeles County Department of Public Health H1N1 Vaccination Form Instructions



H1N1 Vaccine Eligibility: You should get the H1N1 vaccine if you...

- Are pregnant
- Live with or care for children younger than 6 months old
- Work in health care or emergency medical services
- Are between the ages of 6 months through 24 years
- Have chronic health problems or a compromised immune system and are between the ages of 25 through 64.

If you meet these qualifications, you will be provided with the H1N1 vaccine first because you are most at risk of infection and complications of H1N1 influenza. If you do not meet the qualifications listed above, the H1N1 vaccine may be available to you later in the fall.

If you are eligible for vaccine, you may complete the H1N1 Vaccination Form prior to your arrival at the vaccination site.

Option 1: Complete Form Electronically

- Download and complete the form electronically using Adobe Acrobat Reader (available at no cost at <http://get.adobe.com/reader/>)
 - Complete the "Personal Information" section only
 - Fill out the form in English only
 - Print the form on white standard size paper (8 ½ x 11)
 - Bring the form with you to designated clinic
- For a list of clinics, visit <http://publichealth.lacounty.gov>*

Option 2: Complete Form by Hand

- Download and print the form on white standard size paper (8 ½ x 11)
 - Complete the "Personal Information" section only
 - Fill out the form in English only using one box per letter for all fields
 - Bring the forms with you to designated clinic
- For a list of clinics, visit <http://publichealth.lacounty.gov>*



Correct: ☒ Incorrect: ☐ ☒

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[illegible]

Street Number						Street Name																		Apt. Number																			

City															Zipcode					County	State
																			<input type="radio"/> LA	<input type="radio"/> CA	
																			<input type="radio"/> Other	<input type="radio"/> Other	

Phone	Date of Birth	Age (years)	If < 1 Year, age in months
<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="margin: 0 5px;">-</div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="margin: 0 5px;">-</div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div> <div style="display: flex; justify-content: space-around; font-size: small; margin-top: 5px;"> M M D D Y Y Y Y </div>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div>	<div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div>

Race/Ethnicity: ☐ Asian ☐ Native Hawaiian/Pacific Islander ☐ Hispanic/Latino ☐ Other
☐ Black, African American ☐ American Indian/Alaskan Native ☐ White

Do you have any of the following medical conditions? ☐ YES ☐ NO

Heart, lung, kidney, liver or neurological disease; cancer; asthma; diabetes; blood disorder; immune system disorder

Do you take care of or live in a household with a child less than 6 months of age? ☐ YES ☐ NO

Are you pregnant, or do you think you may be pregnant? ☐ YES ☐ NO

If minor, name of parent or legal guardian	I consent to the vaccination provided.
--------------------------------------------	----------------------------------------

Signature

		Seasonal LAIV		Seasonal TIV		Pan H1N1 Live			Pan H1N1 Inactivated			Screener		
Contraindications?		○ YES ○ NO		○ YES ○ NO		○ YES ○ NO			○ YES ○ NO			<div><div></div><div></div></div>		
Vaccine To Be Administered		Dose #: ○ 1 ○ 2		Dose #: ○ 1 ○ 2		Dose #: ○ 1 ○ 2			Dose #: ○ 1 ○ 2					
		Dosage		Site										
Seasonal	Live ○	Inactivated ○	○ 0.25 mL	○ RD ○ RT	Manufacturer							Admin. by <div><div></div><div></div></div>		
			○ 0.50 mL	○ LD ○ LT	○ SP ○ Nov ○ GSK ○ CSL ○ MI									
			○ 0.2 mL	○ Intranasal	Lot Number									
						<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>								
Pan H1N1	Live ○	Inactivated ○	○ 0.25 mL	○ RD ○ RT	Manufacturer							Admin. by <div><div></div><div></div></div>		
			○ 0.50 mL	○ LD ○ LT	○ SP ○ Nov ○ GSK ○ CSL ○ MI									
			○ 0.2 mL	○ Intranasal	Lot Number									
						<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>								

Date Administered

M	M	D	D	Y	Y	Y	Y

VFC PIN					

Street Number of Site					